Form 2

Wisconsin fiduciary income tax for estates or trusts

Use BLACK INK

For 2007 or taxable year beginning ___ ___ ___ ___ ___ ___ ___ ___ and ending ___ ___ ___ ___ ___ ___ ___ ___
_M M_ _D D_ _Y Y Y Y_ _M M_ _D D_ _Y Y Y Y_

2007

DO NOT STAPLE

ESTATES ONLY – Legal last name	First name	M.I.	Decedent's social security number

TRUSTS ONLY – Legal name	Estate's/Trust's federal EIN

Name of personal representative, petitioner, or trustee	First name of decedent's spouse

Address of personal representative, petitioner, or trustee	City	State	Zip code

Address where decedent lived at time of death	City	State	Zip code

Check if applicable ▶ ⌴ Initial return   ⌴ Final return   ⌴ Amended return

Check one

⌴ Electing small business trust

⌴ Qualified funeral trust

⌴ Bankruptcy estate

⌴ Inter vivos trust

⌴ Testamentary trust

⌴ Section 645 election

⌴ Decedent's estate

Date trust or bankruptcy estate was created or date of decedent's death ___ ___ ___ ___ ___ ___ ___ ___
_M M_ _D D_ _Y Y Y Y_

If an estate, enter age of decedent at date of death _____

If this is a trust return, is the trust ⌴ Revocable *or* ⌴ Irrevocable?

If a trust, is the grantor a resident of Wisconsin? ⌴ Yes ⌴ No

Has Form W706 been filed? ⌴ Yes ⌴ No

County of jurisdiction	Probate case number

Print numbers like this ➔ 0123456789   **Not** like this ➔ ∅147   **NO COMMAS; NO CENTS**

1	Federal taxable income of fiduciary (see instructions)	**1**	.00
2	Additions (from Form 2, Schedule A, column 2, line 6)	**2**	.00
3	Add lines 1 and 2	**3**	.00
4	Subtractions (from Form 2, Schedule A, column 2, line 12)	**4**	.00
5	Wisconsin taxable income of fiduciary (subtract line 4 from line 3)	**5**	.00
6a	**Gross tax** (see instructions, page 4) . . . . ▶	**6a**	.00

6b ESBT (amount from line 1 of ESBT worksheet, page 4) . . . . **6b** _____ .00

7	Supplement to federal historic rehabilitation credit (see instructions, page 4)	**7**	.00
8	Subtract line 7 from line 6a. If line 7 is larger than line 6a, fill in zero (0)	**8**	.00
9	Alternative minimum tax. Enclose Schedule MT	**9**	.00
10	Add lines 8 and 9	**10**	.00

11 Other credits ▶

a Schedule MS _____ .00   **e** Schedule VC (Part II) _____ .00

b Schedule DI _____ .00   **f** Schedule IE . . . . . . _____ .00

c Schedule DC _____ .00   **g** Schedule OS [____] _____ .00

d Schedule TC _____ .00

h Total (add lines a through g) . . . . **11h** _____ .00

12 Subtract line 11h from line 10. If line 11h is larger than line 10, fill in zero (0) . . . . **12** _____ .00

Paperclip check or money order here

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NO COMMAS; **NO** CENTS

13 Enter amount from line 12 . . . . **13** _____ **.**00

14 Recycling surcharge. Enclose Schedule RS . . . . **14** _____ **.**00

15 Recapture of investment credit (see instructions, page 5) . . . . **15** _____ **.**00

16 Add lines 13 through 15 . . . . **16** _____ **.**00

17 Wisconsin income tax withheld (see instructions) . . . . **17** _____ **.**00

18 2007 estimated payments and amount applied from 2006 return . . **18** _____ **.**00

19 Farmland preservation credit (enclose Schedule FC) . . . . **19** _____ **.**00

20 Farmland tax relief credit: Farmland taxes _____ **.**00 x .23 = **20** _____ **.**00

21 Enterprise zone jobs credit (enclose Schedule EC) . . . . **21** _____ **.**00

22 Dairy manufacturing facility investment credit (enclose Schedule DM) **22** _____ **.**00

23 AMENDED RETURN ONLY – amount paid with the original return **23** _____ **.**00

24 Add lines 17 through 23 . . . . **24** _____ **.**00

25 AMENDED RETURN ONLY – refund from original return less
amount applied to 2008 estimated tax . . . . **25** _____ **.**00

26 Subtract line 25 from line 24 . . . . **26** _____ **.**00

27 If line 26 is larger than line 16, subtract line 16 from line 26 . . . . AMOUNT OVERPAID **27** _____ **.**00

28 Amount of line 27 to be REFUNDED TO YOU . . . . **28** _____ **.**00

29 Amount of line 27 to be applied to your 2008 ESTIMATED TAX . . . **29** _____ **.**00

30 If line 26 is less than line 16, subtract line 26 from line 16 . . . . BALANCE DUE **30** _____ **.**00

31 Underpayment interest. Also include on line 30.
(see instructions, page 6) . . . . ☐ **31** _____ **.**00

Enclose copies of federal Form 1041 and schedules with this return.
Also enclose copies of Wisconsin Schedules 2K-1 and WD (Form 2) and other documents, if required.
A request for a closing certificate for fiduciaries must be made on Schedule CC. See instructions.

I, as fiduciary, declare under penalties of law that I have examined this return (including accompanying schedules, statements, and a copy of federal income tax return) and to the best of my knowledge and belief it is true, correct, and complete.

Your signature	Date	Daytime phone
		( )

PERSON PREPARING RETURN (individual and firm) if other than the preceding signer		Date	Daytime phone
Name	Signature of preparer		( )

For Department Use Only

Mail your return to:

Wisconsin Department of Revenue

MAN   C

• *If making a payment or submitting
Schedule CC to request a closing certificate* ..... PO Box 8918, Madison WI 53708-8918

• *All other trusts and estates* .... PO Box 8955, Madison WI 53708-8955

Name(s) shown on Form 2	Decedent's social security number	Estate's / Trust's FEIN

SCHEDULE A – Additions and Subtractions

ADDITIONS:	COL. 1- Distributable Income (Report on Schedule 2K-1)	COL. 2 Nondistributable Income
1. Adjustment to convert 2007 federal taxable income to the amount allowable for Wisconsin (Schedule B)		.00
2. Interest (less related expenses) on state and municipal obligations .	.00	.00
3. Taxes from line 11 of federal Form 1041.	.00	.00
4. Capital gain/loss adjustment (see instructions)		.00
5. Other (specify) _____	.00	.00
6. Total additions (add lines 1 through 5). Enter the amount from col. 2 on line 2 of Form 2	.00	.00

SUBTRACTIONS:		
7. Adjustment to convert 2007 federal taxable income to the amount allowable for Wisconsin (Schedule B)		.00
8. Interest (less related expenses) on obligations of the United States . .	.00	.00
9. Capital gain/loss adjustment (see instructions)		.00
10. Refunds of state and local taxes (see instructions)	.00	.00
11. Other (specify) _____	.00	.00
12. Total subtractions (add lines 7 through 11). Enter the amount from col. 2 on line 4 of Form 2	.00	.00

SCHEDULE B – Adjustments to Convert 2007 Federal Taxable Income to the Amount Allowable for Wisconsin (see instructions on page 10)

NATURE OF ADJUSTMENT – Explain fully on enclosed schedule.	Adjustments for 2007	
	Distributable	Nondistributable
1. TOTAL from enclosed schedule	.00	.00
a. Enter total from distributable column on Wisconsin Schedule 2K-1, as appropriate.		
b. If total in nondistributable column is a **positive number**, enter it on Schedule A, line 1. If total in nondistributable column is a **negative number**, enter it on Schedule A, line 7, as a positive number.		

SCHEDULE C – Adjustments to Capital Gains/Losses Because Capital Assets Disposed of Had Different Basis for Wisconsin and Federal Income Tax Purposes

1. Description of capital assets held ONE YEAR OR LESS and reason for difference in basis	A. Federal Adjusted Basis	B. Wisconsin Adjusted Basis	C. Difference
a. _____	.00	.00	.00
b. _____	.00	.00	.00
c. _____	.00	.00	.00
d. _____	.00	.00	.00
2. TOTAL – Combine amounts in column C. Fill in here and on line 4 of Wisconsin Schedule WD (Form 2) . . .			.00
3. Description of capital assets held MORE THAN ONE YEAR and reason for difference in basis	A. Federal Adjusted Basis	B. Wisconsin Adjusted Basis	C. Difference
a. _____	.00	.00	.00
b. _____	.00	.00	.00
c. _____	.00	.00	.00
d. _____	.00	.00	.00
4. TOTAL – Combine amounts in column C. Fill in here and on line 12 of Wisconsin Schedule WD (Form 2) . .			.00

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